

Public Protection Cabinet Department of Housing, Buildings And Construction Division of HVAC 101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5412 (502) - 573 -0395, Fax (502)-573-1401

Department use only:
Permit No.
Cost of Permit
Date

HVAC CONSTRUCTION PERMIT APPLICATION: ONE & TWO FAMILY DWELLINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance with the Uniform State Building Code and the Uniform State Residential Building Code.

Make payment to Kentucky State Treasurer

Address Location:		Bldg. #: _	County: _		
City:		Zip:			
Owner's Name:			Telephone:	(
Owner's Address:	City:		Zip:		
CHECK EACH BLANK THAT	APPLIES:	_ New Construction	Existing C	Construction	
Single Family Dwelling	Townhomes Correction and testing				
Replacement Man	ufactured House	Other (Explain):			
Permit Cost:					
First system \$105.00 PLUS (litional systems X \$50.00) =) Equals \$	Total	
Date Sizing Calculations:		Orientation of Structur	re (Circle One): N	S E W NE NW S	SE SW
Summer Design Conditions:		Winter Design Conditi	ons:		
	Square Foota	ge Hea	t Gain	Heat Loss	
System 1					
System 2					
System 3	-			-	
System 4					
The Department of Housing, Bui your request in accordance with responsible for this installation i required inspections. If for any Department immediately.	KRS 198B.6671 and its entirety through reason you fail to	d 815 KAR 8:070. You th completion. It is your complete this installatio	, the undersigned, r responsibility to n, it shall be you	, are fully aware that notify, request and o	t you are obtain all
Master HVAC:				ense #:	
Complete Address:					
Office / Home Phone Number: (_)	Cell Phone	Number: (_)	

